STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445245	A. BUILDING _____ B. WING _____	C 05/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION-MARYVILLE	1012 JAMESTOWN WAY MARYVILLE, TN 37803

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to supervise to prevent an elopement for one (#1) resident and failed to supervise to prevent a fall for one (#2) of five residents reviewed. The findings included: Resident #1 was admitted to the facility on December 1, 2011, with diagnoses including Cerebrovascular Accident, Dementia with Behavior, Hypertension, and was Discharged from the facility on April 21, 2012. Medical record review of the care plan dated December 23, 2011, revealed, "...independent with w/c (wheelchair) mobility...wanderguard at all times..." Medical record review of a resident progress note dated April 21, 2012, revealed, "1400 (2:00 p.m.)...informed (resident's family) of resident's behavior and repeated attempts to get out of the facility...1500 (3:00 p.m.) Resident got outside facility to front driveway...Brought back (with)	F 323	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* Resident #1 was sent to the CAH to receive treatment and discharged from our center on April 22, 2012 Resident 2# Care Plan has been reviewed and the 2 staff involved completed education on April 20, 2012 conducted by our Nurse manager to ensure resident transfer will occur consistent with current care plan. Plant operations director has tested the wander guard system on 5/4/12 and validated that our door locking system is working according to system specifications. Results of the testing have been submitted to our safety committee for review. Signs have been posted on the front door of the center and the ambulance entrance to alert visitors to not allow residents to exit without staff members knowledge or being present on May 4, 2012. All resident's that require a mechanical lift are being reviewed to ensure that current C.N.A. assignment sheets reflect current resident care plan approach for transfers by our Nurse manager and Care plan staff initiated on May 4, 2012 and completed May 10, 2012. A list of residents identified to be high risk for elopement will be maintained at each nurses station, noted on the CNA assignment sheets and will continue to be monitored by nursing staff nurse multiple times daily during routine rounds on all shifts. The Nurse supervisor/designee will monitor and review effectiveness of current interventions on these residents during supervisory rounds 3-5 times a week. The Nurse supervisor/designee will update list as changes in risk occur. These high risk residents will be reviewed at the	05/11/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Keith Mansfield — TITLE: Executive Director — (X6) DATE: 5/9/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1 difficulty into facility (with) assist x 3..." Review of the facility investigation dated April 21, 2012, revealed "...exit seeking all morning... (resident #1) was in activity (music)(resident) left and someone let (resident) out the front door. Staff immediately intervened (and) (resident) was fighting (and) did not want to go in facility...required ativan...which was effective..." Review of a written statement (undated) by the Activity Assistant revealed "...side door shut due to loud music visitor held door open (and) went straight to DR (dining room) and said you have (resident) outside...visitor said...knew it was resident because...heard alarm...amount of time outside was (less) 1 min (minute)..." Interview with the Registered Nurse Supervisor on May 2, 2012, at 12:30 p.m., at the nursing station, confirmed (resident) had been trying to get out all day. Continued interview confirmed the wanderguard must have alarmed for a few minutes, alarm normally rings a long time, alarm must have been turned off, but not sure. Continued interview confirmed the resident was not supervised to prevent elopement from the facility. Resident #2 was admitted to the facility on March 16, 2012, with diagnoses including Hypertension, Atrial Fibrillation, Diabetes, and Chronic Kidney Disease. Medical record review of the Resident Progress Notes dated April 14, 2012, revealed "...Hoyer lift for transfers..."	F 323	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* weekly Standards of Care Committee meeting by the IDT to ensure appropriate care plan approaches are in place to reduce the risk of elopement from our center. The results will be documented in the meeting minutes. This will begin on 5/11/12 by nurse mangers to include DNS/ADNS/SDC/ Nurse Manager / MDS Coordinators. Residents requiring use of mechanical lifts will be noted on the CNA assignment sheet and resident care plan. Charge nurses will monitor for use during routine rounds on each shift and the Nurse Manager will validate that mechanical lifts are being used according to care plan by making supervisory rounds 3-5 times per week with observations being reported in the morning meeting. These residents will be reviewed at the weekly Standards of Care Committee meeting by the IDT to ensure appropriate care plan approaches are in place. The results will be documented in the meeting minutes. This will begin on 5/11/12 by nurse mangers to include DNS/ADNS/SDC/ Nurse Manager / MDS Coordinators. All events regarding our Center security and door locking system be will investigated and documented promptly, findings will be reviewed monthly at our safety committee for recommendations as needed or indicated. The results and root cause of these events will be forwarded to our Performance Improvement Committee monthly beginning May 25, 2012 to assess trends and make recommendations for interventions to reduce elopement risk and overall security.	

MAY 10 2012

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F 323	Continued From page 2 Medical record review of the Resident Progress Notes dated April 15, 2012, revealed "...Hoyer lift for transfers..." Medical record review of the care plan (undated) revealed "...Transfer with hoyer lift using max assist of 2..." Medical record review of the post falls evaluation dated April 17, 2012, revealed "...resident being transferred from bed to wheelchair (with) gait belt (and) assist x 2. States "my legs just gave out." Review of the facility investigation dated April 17, 2012, revealed "...problem fall...why hoyer not used...post action plan hoyer lift. Observation on May 2, 2012, at 12:40 p.m. revealed the resident lying on the bed. Interview on May 2, 2012, at 1:20 p.m. with the Director of Nursing (DON), in the DON's office, confirmed the hoyer lift was not used to transfer the resident.	F 323	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* Weekly Standards of Care meeting minutes will be reviewed at our monthly Performance Improvement Committee to assess the number of residents that require use of mechanical lifts in the building and educational approaches / competencies / are conducted according to assessed needs by our Staff education Coordinator beginning at our center performance Improvement meeting May 25, 2012. *P.I. committee includes, ED, DNS, ADNS, Nurse Manager, Case manager, SSD, SDC, RD, Plant Operations Director, Activity Director, Medical Director, Pharmacy Consultant, MDS staff. The IDT includes, DNS, ADNS, Nurse Manager, SSD, RD, Activity Director, CM, MDS staff and Care Plan coordinator.*	

MAY 10 2012